MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06212

CERTIFICATE OF DEATH

Reg. Dist. No. 7-5 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural New Windsor
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Medford
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) GUY (Last) BAILE

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 22-1880

9. AGE last birthday 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Sun Electric Co.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse Baile

14. MOTHER'S MAIDEN NAME: Louie Englar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Catherine Baile New Windsor R.D. 1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
422.1
Immediate cause (a) Arterio Sclerotic C-V disease — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1953, to July 6, 1953, that I last saw the deceased alive on July 5, 1953, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE James T. Monod (DEGREE OR TITLE) M.D. ADDRESS Westminster Md. DATE SIGNED 7/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF July 9-1953 — NAME OF CEMETERY OR CREMATORY Linganore Cemetery — LOCATION (City, town, or county) Unionville — (State) Md.

DATE REC'D BY LOCAL REG. July 7-53 — REGISTRAR'S SIGNATURE Evan L. Burdett — 24. FUNERAL DIRECTOR H. Bankard & Son — ADDRESS Westminster, Md.

RECEIVED
JUL 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06913

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
LENGTH OF STAY (in this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick 10-11-1
STREET ADDRESS (If rural give location) 604 E. Patrick Street

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) M. (Last) BAKER
4. DATE OF DEATH: (Month) July (Day) 24, (Year) 1953
5. SEX: fem.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: April 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Augustus Winsing
14. MOTHER'S MAIDEN NAME: Josephine Thompson
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Terminal Bronchopneumonia — Interval Between Onset And Death: 4 days

DUE TO Hypertensive cardiovascular disease — 10 years and longer

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gangrene of toes — one month

DUE TO Arteriosclerosis, diabetes — 10 years and longer

(260X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 10 years and longer

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to July 24, 1953, that I last saw the deceased alive on July 24, 1953, and that death occurred at 5:20 PM, from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS Springfield State Hospit. Sykesville Md. DATE SIGNED 7/24 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-27-53 NAME OF CEMETERY OR CREMATORY Frederick Memorial Park Cem. LOCATION (City, town, or county) Frederick, (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 25, 1953 REGISTRAR'S SIGNATURE C. Harry Wen
24. FUNERAL DIRECTOR Robert E. Dailey ADDRESS Frederick, Md

VS. A15

RECEIVED
JUL 29 1953
BUREAU V. S.

06914

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Mills X
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Westminster R.D. 1 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) W (Last) BARNES

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 22-1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rit & Farmer Tenant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eden Barnes
14. MOTHER'S MAIDEN NAME: Margaret Ridinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-14-8376
17. INFORMANT & ADDRESS: Mattie Barnes Westminster R.D. 1 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 443 X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Dissecting Aneurysm Aorta	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive C-V disease	Several years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1953, to July 2, 1953, that I last saw the deceased alive on July 2, 1953, and that death occurred at 6 A.m. from the causes and on the date stated above.

SIGNATURE James F. Marsh (DEGREE OR TITLE) M.D. ADDRESS Westminster Md DATE SIGNED 7/2/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 4. 1953
NAME OF CEMETERY OR CREMATORY Pike Creek Cemetery
LOCATION (City, town, or county) (State) N. Winnertown Md.
DATE REC'D BY LOCAL REG. 7/3/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H Bankard & Son Westminster Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUL 6 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

06915

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural - Sykesville
LENGTH OF STAY (In this place): 27 yrs 2 mos 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis, Maryland 02-10
STREET ADDRESS (If rural, give location): 135 Main Street

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) (Last) BERRY

4. DATE OF DEATH: (Month) 7 (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Div.

8. DATE OF BIRTH: 3/30/04

9. AGE last birthday: 49 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin Ford

14. MOTHER'S MAIDEN NAME: Ida Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Epilepsy — 45 yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James T Marsh — (Degree or title) Deputy Medical Examiner — ADDRESS: Westminster Md — DATE SIGNED: 7/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: 7/15/53 — NAME OF CEMETERY OR CREMATORY: University Med School — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: July 15, 1953 — REGISTRAR'S SIGNATURE: C. Harry Weed — 24. FUNERAL DIRECTOR: Frances A Hemsley — ADDRESS: 578 W Baltimore St

VS. FORM T

RECEIVED
JUL 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06916

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X
LENGTH OF STAY (in this place) since 5/27/19
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine X
STREET ADDRESS --- (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) R. (Last) BRANDENBERG
4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: August 7, 1878
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpentry
11. BIRTHPLACE (State or foreign country): Carroll Co., Maryland
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: Joshua P. Brandenberg
14. MOTHER'S MAIDEN NAME: Lydia J. Shipley
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

Immediate cause (a) Lung carcinoma — Interval Between Onset And Death: 1 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ---

DUE TO ---

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis & myocardial degeneration more than 2 yrs
Schizophrenia more than 30 years

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURED --- While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to July 12, 1953, that I last saw the deceased alive on July 12, 1953, and that death occurred at 6:25 A.M., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) Martin Gross, M. D. ADDRESS Sykesville, Md. DATE SIGNED 7/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-15-53
NAME OF CEMETERY OR CREMATORY Brandenberg
LOCATION (City, town, or county) (State) Berrett, Carroll, Md.
DATE REC'D BY LOCAL REGISTRAR July 14, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06917

CERTIFICATE OF DEATH

BC Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville, Maryland
LENGTH OF STAY (in this place) 1 yr. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2828 N. Calvert St.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Hoffman (Last) Buscher
4. DATE OF DEATH: (Month) 7-8- (Day) (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12-20-98
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Hoffman
14. MOTHER'S MAIDEN NAME: Anna (?) Unk -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: Unk -
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C.B.S. assoc. with circulatory disturbance, with cerebral arteriosclerosis with psychotic reaction

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) (COUNTY) (STATE) ---
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 1-25, 1953, to 7-8-, 1953, that I last saw the deceased alive on 7-8-53 19....., and that death occurred at 5 P.M. from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. (Degree or title) ADDRESS Springfield State Hosp. Sykesville, Md. DATE SIGNED 7-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-11-53
NAME OF CEMETERY OR CREMATORY Western
LOCATION (City, town, or county) Baltimore (State) Md.
DATE REC'D BY LOCAL REGISTRAR July 9, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Horace A. Burgee - 3631 Falls Rd. Balto. Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 918

CERTIFICATE OF DEATH

17c Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE

LENGTH OF STAY (in this place): 13 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE

STREET ADDRESS (If rural give location): 1901 East 20th Street

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) VALERIE (Last) GHRZANOWSKI

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	MARRIED	9-3-17	35 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Secretary, housewife		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
ALEXANDER KODENSKI	VALERIE GRZYMSKI

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
U			HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) PULMONARY TUBERCULOSIS	9 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) CIRRHOSIS OF THE LIVER	3 months

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS...alcohol intoxication, with psychosis — 2 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes	No X
0			

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 9, 19 53, to July 22, 19 53, that I last saw the deceased alive on July 22, 19 53, and that death occurred at 4:25 p.m. DST, from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Walther H. Sonnenfeldt, M. D.	Springfield State Hospital, Sykesville, Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 25-1953	Holy Rosary	Balto. Co.	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/23/53	A. W. Hedrick	Wm. S. Fialkowski	2007 Eastern Ave

JJ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06919

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland
LENGTH OF STAY (in this place) MARYLAND 5mos. 20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highland
STREET ADDRESS (If rural give location) ---

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Caroline	Virginia	Dantz	7-	31	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Widowed	1-21-1871	82 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home ---	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Thomas Tucker	Sarah Matilda Johnson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No:	17. INFORMANT & ADDRESS:
No.	---	Unk-	Hospital records

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary occlusion	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	15 yrs.
	DUE TO (c) Hypertension	" "
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	C.B.S. assoc. with changes of growth, metabolism or nutrition with senile brain disease with psy. reaction.	1½ yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
--- m.		---

22. I hereby certify that I attended the deceased from 7-6-1953, to 7-31-, 1953, that I last saw the deceased alive on 7-31- 1953, and that death occurred at 12:53 P.M. from the causes and on the date stated above.

SIGNATURE, M. D. (Degree or title)	ADDRESS	DATE SIGNED
M. W. Martin, M.D.	Springfield State Hosp. Sykesville, Md.	7-31-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 3, 1953	Union Cemt.	Buetonsville Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 2, 1953	C. Harry Weed	Roy W. Barber	Laytonsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 66920

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural
LENGTH OF STAY (in this place) 39 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shiloh Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural
STREET ADDRESS (If rural, give location) Shiloh Rd.

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) F. S. (Last) Derr

4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: January 23 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Ret.)
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Derr
14. MOTHER'S MAIDEN NAME: Sarah Ann Neusbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Florence R. Derr, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X
Immediate cause (a) Chronic Myocarditis
DUE TO
Antecedent cause(s) (b) Arteriosclerotic Cardio Renal Vascular Disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: —
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 5, 1939, to July 3, 1953, that I last saw the deceased alive on June 16, 1953, and that death occurred at 2:50 A.M. from the causes and on the date stated above.

SIGNATURE Joseph E. Buck (DEGREE OR TITLE) MD ADDRESS Hampstead Md DATE SIGNED July 3, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 6/53
NAME OF CEMETERY OR CREMATORY Shiloh
LOCATION (City, town, or county) Carroll Co Md (State)

DATE REC'D BY LOCAL REG. July 3-1953
REGISTRAR'S SIGNATURE Henry J. Reus
24. FUNERAL DIRECTOR Edw. C. Tipton
ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18 8

RECEIVED
JUL 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06921

Reg. Dist. No. . . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY CARROLL — STATE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE

LENGTH OF STAY (In this place): 3 mo. 3 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE

STREET ADDRESS (If rural give location): 809 Low Street

3. NAME OF DECEASED: (Type or Print) (First) LUIGI (Middle) (Last) DI PIETRONTON

4. DATE OF DEATH: (Month) 7 (Day) 17 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 3-1-88

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PIPE FITTER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-09-1782

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442.4

Immediate cause (a) CARDIORENAL ARTERIOSCLEROSIS WITH

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) NEPHROSCLEROSIS WITH HEART FAILURE

DUE TO (c)

Interval Between Onset And Death: YEARS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: CBS...unknown cause, with psychotic reaction

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 14, 1953 to July 17, 1953, that I last saw the deceased alive on July 17, 1953 and that death occurred at 12:15 a.m. DST, from the causes and on the date stated above.

SIGNATURE (Professional title) Irene L. Hitchman M.D — ADDRESS — DATE SIGNED

Irene L. Hitchman, M. D. Springfield State Hospital, Sykesville, Maryland 7-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** July 20, 1953 — **NAME OF CEMETERY OR CREMATORY:** Holy Redeemer — **LOCATION** (City, town, or county) (State): Balto. - MD.

DATE REC'D BY LOCAL REGISTRAR: July 18. 1953 — **REGISTRAR'S SIGNATURE:** R.W.

25. FUNERAL DIRECTOR — ADDRESS: Philip E. Brach, 2716 E. Monument St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16922

CERTIFICATE OF DEATH

Reg. Dist. No. ... ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster X
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 20 North East Ave.

3. NAME OF DECEASED: (Type or Print) (First) Leo (Middle) (Last) Duffy.

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 11 1903

9. AGE Last Birthday: 50 yrs. IF UNDER 1 YEAR: Months 2 Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Owen Duffy

14. MOTHER'S MAIDEN NAME: Ellen Fay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) U (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Owen Duffy Balto

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) ... Cerebral Hemorrhage — Interval Between Onset And Death: 24 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ... Epilepsy ... 35 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1938, to July 11, 1953, that I last saw the deceased alive on July 11, 1953, and that death occurred at 11-15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Martin M.D. ADDRESS Westminster DATE SIGNED July 11-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 15/53 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) Old Frederick Rd. (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7-14-53 REGISTRAR'S SIGNATURE A. W. Hedrick M.D.

24. FUNERAL DIRECTOR Euston E. Donovan ADDRESS 3818 Roland Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C0923

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alesia Millers — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Millers Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Her Alesia
STREET ADDRESS (If rural, give location) Millers Rd

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Alexander (Last) Eppley

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 20-1878

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Louis Eppley

14. MOTHER'S MAIDEN NAME: Katherine Deborah Seiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Daisy Eppley Millers, R.D. 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X

Immediate cause (a) Arteriosclerotic Heart Disease — 3 yrs

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) pulmonary Tuberculosis — 5 yrs

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1951, to July 22, 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W H. Hoard M.D. Manchester md 7/22/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7-24-53 — NAME OF CEMETERY OR CREMATORY: Manchester Cem. — LOCATION (City, town, or county) (State): Manchester, Md

DATE REC'D BY LOCAL REG. July 24/53 — REGISTRAR'S SIGNATURE: Mrs. W.H. Denner

24. FUNERAL DIRECTOR — ADDRESS: R.B. Frick, Manchester, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL [illegible] 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C924

CERTIFICATE OF DEATH D C

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 130 S. Patterson Park Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary [redacted] (Middle) [redacted] (Last) FIRAK

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1953

5. SEX: Fem. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 8. DATE OF BIRTH: 12-8-1880 9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer housewife 10b. KIND OF BUSINESS OR INDUSTRY: D.E.Foote Packing Co.. 11. BIRTHPLACE (State or foreign country): Poland. 56 12. CITIZEN OF WHAT COUNTRY? Poland.

13. FATHER'S NAME: John [redacted] 14. MOTHER'S MAIDEN NAME: Saloumeia [redacted] Dwor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No 16. SOCIAL SECURITY NO.: 216-18-7309 17. INFORMANT & ADDRESS: hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: Five days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis — 3 mths

DUE TO (c) old well healed fracture of right femur — 7 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain syndrome — 3 mths and longer

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 25, 1953, to July 11, 1953, that I last saw the deceased alive on July 10, 1953, and that death occurred at 6 50 PM (Degree or title), from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeld M.D. ADDRESS Springfield State Hospital Sykesville Md DATE SIGNED 7/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7/14/53 NAME OF CEMETERY OR CREMATORY St. Stanislaus LOCATION (City, town, or county) (State) 1300 Dundalk Ave-Balto, Md

DATE REC'D BY LOCAL REGISTRAR 7/13/53 REGISTRAR'S SIGNATURE [redacted] Deputy

24. FUNERAL DIRECTOR George R. Weber ADDRESS 705 S. Conkling St

06925

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 70

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Run
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Run
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) RUSS (Last) FISH

4. DATE OF DEATH (Month) July (Day) 29, (Year) 1953 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH unknown
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Francis Fish
14. MOTHER'S MAIDEN NAME Isabelle Ratrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mr. Roland Jewell, Silver Run, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED 7/29/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 31, 1953
NAME OF CEMETERY OR CREMATORY Piney Creek Cemetery
LOCATION (City, town, or county) (State) Nr. Taneytown, Maryland

DATE REC'D BY LOCAL REG. 8/1/53 7/30/53
REGISTRAR'S SIGNATURE [signature] Ethel Mehring
24. FUNERAL DIRECTOR ADDRESS C.O.Fuss & Son, Taneytown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1A

RECEIVED
AUG 3
BUREAU V. S.

926

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Richard Mill Road & Patapsco River	STREET ADDRESS (If rural, give location) 2222 Mura Street

3. NAME OF DECEASED (Type or Print)	(First) FRANK	(Middle) (Franklin) JOHN	(Last) GERHOLD Jr.	4. DATE OF DEATH (Month) July (Day) 29 (Year) 1953	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH April 7, 1914	9. AGE last birthday 37 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto. Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Franklin J.Gerhold Sr.			14. MOTHER'S MAIDEN NAME Valley Depoitiers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -- (If yes, give war or dates of service) --	16. SOCIAL SECURITY No. --		17. INFORMANT AND ADDRESS Franklin J.Gerhold Sr.2222 Mura St. 13		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River	(CITY OR TOWN) (COUNTY) (STATE) Richard Mill Rd. & Patapsco River, Carroll Co., Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 7/29/53 10:10 Pm.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Accidentally drowned - found in river

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R.B. Fisher	MD	700 Fleet St., Baltimore 2, Md.	7/31/53

23. BURIAL CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug 3/53	NAME OF CEMETERY OR CREMATORY Loudon Pk Cem	LOCATION (City, town, or county) (State) Baltimore
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, Philip Sterwig Sons	ADDRESS 2024 Orleans St

31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 36

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) Two
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2506 E Preston St

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Jane (Last) Herbert

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Edward McKee
14. MOTHER'S MAIDEN NAME: Elizabeth Zurkable

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Rhoda C. Chandler - 1507 N. Milton Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 3 da

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Genl Arterio Sclerosis — 10 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1953, to July 22, 1953 that I last saw the deceased alive on July 24, 1953, and that death occurred at 12:10 P, from the causes and on the date stated above.
SIGNATURE (Degree or title) M J Martin MD ADDRESS Sykesville Md DATE SIGNED July 22 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-25-53
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) Frederick Rd - Balto. Md. (State)
DATE REC'D BY LOCAL REGISTRAR 7/23/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John C. Miller Inc. - 2431 E. Oliver St ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural New Windsor
LENGTH OF STAY (in this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. " "

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural New Windsor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Garfield (Last) Hill
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1953
5. SEX Mn
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH July 17
9. AGE last birthday — yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 5 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0
10b. KIND OF BUSINESS OR INDUSTRY 0
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Clarence Garfield Hill
14. MOTHER'S MAIDEN NAME Ruth Eleanor Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Clarence Hill Father of deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776 Immediate cause (a) Prematurity —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — Extreme feebleness —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17 1953 to July 17 1953, that I last saw the deceased alive on July 17, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Weese Wilkens ADDRESS Westminster DATE SIGNED 7/17/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 17
NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
LOCATION (City, town, or county) Fred. Wilkens (State) Md

DATE REC'D BY LOCAL REG. July 17-53
REGISTRAR'S SIGNATURE Emma S. Burdett
24. FUNERAL DIRECTOR D. D. Harkler & Sons ADDRESS New Windsor, Md.

1073243240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 3( )
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]929

CERTIFICATE OF DEATH

Reg. Dist. No. 78

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Gertrude E. Humbert

4. DATE OF DEATH: (Month) July (Day) 20, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: August 25, 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nelson Boyd

14. MOTHER'S MAIDEN NAME: Lavina Babylon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Charles Humbert, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X
Immediate cause (a) Cardiac arrhythmia - Ventricular fibrillation — Interval Between Onset And Death: 3 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generalized arterio-sclerosis — 10 years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple cerebral vascular accidents from cerebral thrombosis — 3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to July, 1953, that I last saw the deceased alive on 17 July, 1953, and that death occurred at 10:15 AM / D.S.T, from the causes and on the date stated above.
SIGNATURE Walter E. Stevens (Degree or title) M.D. ADDRESS Taneytown Maryland DATE SIGNED 20 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/23/53
NAME OF CEMETERY OR CREMATORY: Grace Reformed Cemetery
LOCATION (City, town, or county) (State): Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR: July 22, 1953
REGISTRAR'S SIGNATURE: Mary B. Witt, Deputy
24. FUNERAL DIRECTOR: C.O. Fuss & Son, Taneytown, Maryland — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A5

RECEIVED
JUL 27 19 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible] 930

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westminster
STREET ADDRESS (If rural, give location) S. Center

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) BONUS (Last) ISLES

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 23-1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: John Hyder Webster St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 5922

Immediate cause (a) Myocarditis (Chr)
DUE TO Nephritis (Chr)

Antecedent cause(s) (b) Cardiac Asthma
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO Uremia
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1935 to 7-20-1953, that I last saw the deceased alive on 7-19-1953, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette (DEGREE OR TITLE) Md. ADDRESS Westminster Md DATE SIGNED 7-21-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF July 22 1953
NAME OF CEMETERY OR CREMATORY Westminster Cem.
LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 7/24/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H Bankard & Son Westminster, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

RECEIVED
JUL 22
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]3174

CERTIFICATE OF DEATH

Reg. Dist. No. ... .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 1 mo 25 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 5309 Purlington Way

3. NAME OF DECEASED: (Type or Print) Dolores (First) DOLORES (Middle) LUIGI (Last) KELLEHER

4. DATE OF DEATH: (Month) July (Day) 31 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-5-98

9. AGE last birthday: 55 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MICHAEL DOUGHERTY

14. MOTHER'S MAIDEN NAME: MARGARET GARRITY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) CEREBRAL ARTERIOSCLEROSIS — Interval Between Onset And Death: 3 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS...cerebral arteriosclerosis with psychotic reaction

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1953, to July 31, 1953, that I last saw the deceased alive on July 31, 19 53 and that death occurred at 9:30 a.m. DST, from the causes and on the date stated above.

SIGNATURE Ilse Karm, M. D. (Degree or Title) ADDRESS Springfield State Hospital, Sykesville, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug. 3, 1953

NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery

LOCATION (City, town, or county) Fredrick Rd. Balti. (State) Md.

DATE REC'D BY LOCAL REGISTRAR AUG 4 1953

REGISTRAR'S SIGNATURE A. W. Fredrick mmb

24. FUNERAL DIRECTOR John A. Moran

ADDRESS 3000 Baltimore St. Baltimore, Md.

RECEIVED
AUG 4 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06932

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sykesville RURAL LENGTH OF STAY (in this place) since 4-16-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore, 18
STREET ADDRESS (If rural give location) 3203 Westerwald Ave

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Beckwith (Last) Kelly
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 4-21-66
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Annapolis, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Black
14. MOTHER'S MAIDEN NAME: not known

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-vascular disease
DUE TO
(002X) (c) Pulmonary tuberculosis

Interval Between Onset And Death: several years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. C.B.S. - Senile psychosis — Dwindling years

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16-1952 to 7/19, 1953, that I last saw the deceased alive on 7/19, 1953, and that death occurred at 5.40 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Gertrude M. Gross, M.D. ADDRESS Sykesville, Md. DATE SIGNED 7-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-22-53 NAME OF CEMETERY OR CREMATORY London Park LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR July 20, 1953 REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St Paul St. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 1953
BUREAU -

Item 9 Film G155 7/20/53 vhw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C033

CERTIFICATE OF DEATH BC Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 3/22/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 601 S. Rappolla Street

3. NAME OF DECEASED: (Type or Print) (First) Louis (Middle) (LeKourgos) (Last) LIKOURGAS

4. DATE OF DEATH: (Month) July (Day) 9th (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 7/26/82

9. AGE last birthday: 70 ~~65~~ yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Dishwasher

10b. KIND OF BUSINESS OR INDUSTRY: --Restaurant

11. BIRTHPLACE (State or foreign country): Patmos Island, Greece

12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: Nick Likourgas

14. MOTHER'S MAIDEN NAME: Cialope Kalandros

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: 218-26-0224

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval Between Onset And Death: 1 week

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — more than 2 yrs.

DUE TO

(c) ---

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 4-5 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) ---

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ---

INJURY OCCURED While at Work ☐ Not While At Work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Aug. 3, 1951, to July 8th, 1953, that I last saw the deceased alive on July 8, 1953, and that death occurred at 5:35 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M.D. — Martin Gross, M. D. — ADDRESS: Sykesville, Md. — DATE SIGNED: 7/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-11-53

NAME OF CEMETERY OR CREMATORY: Greek Cemetery

LOCATION (City, town, or county) (State): Windsor Mill Rd

DATE REC'D BY LOCAL REGISTRAR: 7/10/53

REGISTRAR'S SIGNATURE: J. W. Hedrick

24. FUNERAL DIRECTOR: Lambros Funeral Home Inc.

ADDRESS: 440 E. North Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]534

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) MARYLAND Since 11/11/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 603 Woodington Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) C. (Last) LITZAU

4. DATE OF DEATH: (Month) July (Day) 4th (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 7, 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cashier

10b. KIND OF BUSINESS OR INDUSTRY: at Race Tracks

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Julius Litzau

14. MOTHER'S MAIDEN NAME: Teresa Schalk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 12 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Bronchopneumonia — 5 days
DUE TO (c) ---

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis with psychosis — more than 2 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---
(CITY OR TOWN) ---
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ---
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from April 13, 1952 to July 4, 1953, that I last saw the deceased alive on July 3, 1953, and that death occurred at 5:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M. D. — ADDRESS Sykesville, Md. — DATE SIGNED 7/6/53

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial — DATE THEREOF 7/7/53 — NAME OF CEMETERY OR CREMATORY Loudon Pk. — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 7/7/53 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Harry K. Nitzle — ADDRESS 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00035

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead Rural — LENGTH OF STAY (in this place): 4 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route 30

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hampstead Rural

STREET ADDRESS (If rural, give location): Route 30

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Mae (Last) Loats

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: March 13 1865

9. AGE last birthday: 88 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Shopper

14. MOTHER'S MAIDEN NAME: Mary Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: William C Reed, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Chronic Myocarditis

DUE TO

Antecedent cause(s) (b) Arteriosclerotic Cardio Vascular Disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(15.1) (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Primary Carcinoma Lini.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1951, to July 25, 1953, that I last saw the deceased alive on July 25, 1953 and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE: Joseph E Bush MD — (DEGREE OR TITLE) — ADDRESS: Hampstead Md — DATE SIGNED: 7/25/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7-28-53 — NAME OF CEMETERY OR CREMATORY: Manchester Cem — LOCATION (City, town, or county) (State): Manchester Carroll Co Md

DATE REC'D BY LOCAL REG.: 7/29/53 — REGISTRAR'S SIGNATURE: Henry J Reeds

24. FUNERAL DIRECTOR: R B Wind — ADDRESS: Manchester Md

RECEIVED
AUG 3 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville, Maryland
LENGTH OF STAY (in this place) 8yrs. 11mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marbury
STREET ADDRESS (If rural give location) ----

3. NAME OF DECEASED: (Type or Print) (First) Reuben (Middle) Alton (Last) Maddox
4. DATE OF DEATH: (Month) 7- (Day) 24- (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 10-28-25
9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Reuben Austin Maddox
14. MOTHER'S MAIDEN NAME: (?) Skinner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

353.3

Immediate cause (a) Terminal pneumonia — Interval Between Onset And Death 24 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Epilepsy

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency with epilepsy

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION ----
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ----
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----
(CITY OR TOWN) (COUNTY) (STATE) ----
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from 11-21-, 1944, to 7-23-, 1953, that I last saw the deceased alive on 7-23-, 1953 and that death occurred at 8:05 A.M. from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. (Degree or title) ADDRESS Springfield State Hospital, Sykesville, Md. DATE SIGNED 7-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/27/53
NAME OF CEMETERY OR CREMATORY [illegible] Baptist
LOCATION (City, town, or county) (State) Marbury, Md.

DATE REC'D BY LOCAL REGISTRAR July 24, 1953
REGISTRAR'S SIGNATURE C. Harry Weed
24. FUNERAL DIRECTOR [illegible]
ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06937

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenmount
LENGTH OF STAY (in this place) 42
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 30

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenmount
STREET ADDRESS (If rural, give location) Route 30

3. NAME OF DECEASED (Type or Print) (First) Rosa (Middle) Marcella (Last) Maholey
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 15 1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George N. Ensor
14. MOTHER'S MAIDEN NAME Alveeta Grigling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY No. 219-14-7802
17. INFORMANT AND ADDRESS Charles Henry Maholey - Greenmount Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Coronary Occlusion. — 10 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio-Renal Vascular Lesions — ?

(2 ...) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus. — ?

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1947 to July 17, 1953 that I last saw the deceased alive on July 17, 1953 and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE Joseph E. Bush (Degree or title) M.D. ADDRESS Hampstead Md DATE SIGNED July 17, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/20/53
NAME OF CEMETERY OR CREMATORY Lutheran Cem.
LOCATION (City, town, or county) Manchester Carroll Co Md (State)

DATE REC'D BY LOCAL REG. Jul 17 1953
REGISTRAR'S SIGNATURE Henry J. Reed
24. FUNERAL DIRECTOR Edw. C. Tipton ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural -Woodbine
LENGTH OF STAY (in this place) 6yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hewitt Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Woodbine
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ANN (Last) MILLER
4. DATE OF DEATH (Month) July (Day) 7, (Year) 1953
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 6-17-1858
9. AGE last birthday 95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Joseph Fogle
14. MOTHER'S MAIDEN NAME Rachel ??
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Dr.C.M.Benner,Taneytown,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) General Debility	Recursion
900.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fall down cellar stairs	6-11-53
	(c) Lacerated scalp, fractured arm & shock	4 weeks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Person very old - 94 yrs

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION No
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME
(CITY OR TOWN) Woodbine (COUNTY) Carroll (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) June 11-52 m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Fell down cellar stairs

22. I hereby certify that I attended the deceased from 6-11, 1953, to 7-7, 1953, that I last saw the deceased alive on 6-27, 1953, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE W. C. Stone (Degree or title) ADDRESS 1215 Green St Westminster DATE SIGNED 7-7-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 7-9-1953
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Taneytown, Md. (State)
DATE REC'D BY LOCAL REG. 7-7-53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR C.O. Fuss & Son Taneytown ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Westminster — LENGTH OF STAY (in this place) 18 Mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Near Bachmans Valley) Westminster, Md. R.D.3	STREET ADDRESS (If rural, give location) Westminster, Md. R.D.1

3. NAME OF DECEASED (Type or Print) (First) Peter (Middle) Wesley (Last) Miller

4. DATE OF DEATH (Month) 7/29/53 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	Oct. 1, 1869	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Canning Factory	Carroll County, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ephriam Miller	Eliza King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		216-22-9093	Milton W. Miller R.D.3 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
592x Immediate cause	(a) Acute Coronary Thrombosis	2 Pms
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Nephritis	10 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1953, to 7/29, 1953, that I last saw the deceased alive on 7/29, 1953, and that death occurred at 1 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Luther Barr — ADDRESS Westminster, Maryland — DATE SIGNED 7/30/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/1/53	Bixlers Church Cemetery	Westminster, R-3, Carroll Co, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/30/53	[signature]	J. M. Little & Son By R. A. Little	Littlestown, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 31 ...
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:

County: Carroll Co

City or town: Near Westminster Md. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yr

Hospital, institution, or street address where death occurred: New Windsor Rd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Carroll

City or town: Rural Westminster (If outside city or town limits, write RURAL and give nearest town)

Street No.: New Windsor Rd. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Edward Joshua Myers

3. (b) Social Security Number: 215-20-7662

4. Sex: Male

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Ella Myers

6.(c) If alive, give age: Deceased years

7. Birth date of deceased (mo., day, yr.): Dec 4 - 1874

8. AGE: Years: 79 | Days: 7 | Days: 25 | If less than one day: hrs. min.

9. Birthplace: Carroll Co (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business

FATHER

12. Name: Joshua Myers

13. Birthplace: Carroll

14. Maiden name: Mrs Brilhart

15. Birthplace

16. Informant: Treva Cook

Address: Westminster. Md R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7-31-1953 (month) (day) (year)

Cemetery or crematory: Pleasant Valley Cemetary

Location: R.F.D Westminster, Md

18. Funeral director: Raymond K Wright

Address: Union Bridge, Md.

19. 7-29 53 [signature] (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1953, at 2:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 2 1951, to July 29 1953 and that I last saw him alive on July 29 1952

Immediate cause of death: Carcinoma Rectum Anemia Cachexia

Due to

Due to

Other conditions: 154X (Include pregnancy within 3 months of death)

DURATION: 2-3 yrs 1 yr

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wilbur Speicher M. D. or other

Address: Westminster Md Date signed: 7/29/53

RECEIVED
JUL 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00941

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (In this place) since 4/26/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) Route #4

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Franklin (Last) PORTER
4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: December 14, 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Carpentry
11. BIRTHPLACE (State or foreign country): Wilkes Co., North Carolina
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William Porter
14. MOTHER'S MAIDEN NAME: Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mr. Bernard E. Porter-4202 Flowerton Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

47-X

Immediate cause (a) Lobar pneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ——

DUE TO

(c) ——

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — more than 1 yr.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ——
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ——
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) —— m.
INJURY OCCURED —— While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from ....., 19..., to July 19, 1953, that I last saw the deceased alive on July 19, 1953, and that death occurred at 7:35 A.M., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) Martin Gross, M.D. ADDRESS Sykesville, Md. DATE SIGNED 7/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 7/20/53
NAME OF CEMETERY OR CREMATORY Tomakawk Church Cem.
LOCATION (City, town, or county) (State) near Richmond, Va.

DATE REC'D BY LOCAL REGISTRAR 7-20-53
REGISTRAR'S SIGNATURE A. W. Hedrick M.H.
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 942

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Rural-New Windsor
LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Taylorsville
STREET ADDRESS (If rural, give location): Rural-- New Windsor

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) V (Last) RIGLER

4. DATE OF DEATH: (Month) July (Day) 1, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-11-1867

9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Burgess Moore

14. MOTHER'S MAIDEN NAME: Mary Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Howard Pickett, New Windsor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Arteriosclerotic C-V disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25-52, 19..., to 7-1-53, 19..., that I last saw the deceased alive on 6/27/53, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE James T. Wood (DEGREE OR TITLE) MD ADDRESS Westminster Md DATE SIGNED 7/2/53.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 7-4-1953 — NAME OF CEMETERY OR CREMATORY Taylorsville — LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REG. 7-3-53 — REGISTRAR'S SIGNATURE G.M.F.

24. FUNERAL DIRECTOR C. M. Waltz, — ADDRESS Winfield, Md.

3

RECEIVED
JUL 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester MD. — LENGTH OF STAY (in this place): 2½ mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Longview Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmittsburg Md
STREET ADDRESS (If rural, give location): 208 West Main

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARION Frank Howe
4. DATE OF DEATH (Month) (Day) (Year): July 1 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 11-10-1865
9. AGE last birthday: 87 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Shoemaker
10b. KIND OF BUSINESS OR INDUSTRY: Cobbler
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: JAMES A ROWE
14. MOTHER'S MAIDEN NAME: SARAH HOKE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: Miss Mae Rowe, Westerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 1

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Renal Vascular Disease — 1

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April 6, 1953, to July 1, 1953, that I last saw the deceased alive on July 1, 1953, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

SIGNATURE: Joseph E. Bush — (Degree or title): MD — ADDRESS: Hampstead Md — DATE SIGNED: July 1 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: July 5, 1953 — NAME OF CEMETERY OR CREMATORY: ELIAS LUTHERAN — LOCATION (City, town, or county) (State): EMMITSBURG, FREDERICK CO. MD.

DATE REC'D BY LOCAL REG.: July 4-53 — REGISTRAR'S SIGNATURE: Mrs. W. L. Denner

24. FUNERAL DIRECTOR: S. L. Allison — ADDRESS: EMMITSBURG, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 1923
BUREAU V.I.U

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) since 10/25/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City
STREET ADDRESS (If rural give location) 3543 Old York Road

3. NAME OF DECEASED: (Type or Print) (First) Gustav (Middle) Ernest (Last) SCHMIDT
4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: 8/11/81
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: --- Unk
11. BIRTHPLACE (State or foreign country): Germany 56
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: Hugo Schmidt
14. MOTHER'S MAIDEN NAME: Pauline Naas
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: 216-09-5155
17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis — more than 5 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain syndrome associated with cerebral arteriosclerosis, with psychotic reaction — about 5 years

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) ---
(COUNTY)
(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURED --- While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Jan. 16, 1953, to July 17, 1953, that I last saw the deceased alive on July 17, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Florian Nadolski, M.D.
ADDRESS Sykesville, Md.
DATE SIGNED July 17, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-21-53
NAME OF CEMETERY OR ~~CREMATORY~~ Baltimore
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR July 18, 1953
REGISTRAR'S SIGNATURE C. Harry Weir
24. FUNERAL DIRECTOR Wm. Cook, Jr. 1217 St Paul St.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

345

B.C

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (In this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-5
STREET ADDRESS (If rural, give location) 3016 McElderry Street

3. NAME OF DECEASED (Type or Print): (First) ELNORA (Middle) Margaret (Last) SITES
4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH:
9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James G. Sites
14. MOTHER'S MAIDEN NAME: Emma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmonary artery Thrombosis	Instantaneous
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Septic Thrombophlebitis of legs	Months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypothyroidism & Mental Deficiency

19a. DATE OF OPERATION: X
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): James T. Mond Deputy Medical Examiner
ADDRESS: Baltimore Md
DATE SIGNED: 7/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 13/53
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem
LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: July 11. 1953
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: Philips Herring Sons
ADDRESS: 2029 Eastern Ave

31

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (In this place) 11 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland ~~COUNTY~~ City Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-17
STREET ADDRESS (If rural, give location) 2727 Pennsylvania Ave.

3. NAME OF DECEASED (Type or Print) (First) Charley (Middle) (Last) Snyder
4. DATE OF DEATH (Month) July (Day) 15 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 7, 1872
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repairman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Snydersburg-Carroll Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Elisha Snyder
14. MOTHER'S MAIDEN NAME Diana Lafferty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Raymond Snyder- 2727 Pennsylvania Ave.-Balto.-17, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812X

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic pneumonia	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Bed Sores	3 mos.
	(b) Fractured tibia	4 mos. & 10 days
	(c) Right hemiplegia	4 mos. & 7 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Baltimore (COUNTY) (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Mch. 5, 1953 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. W. Marsh Deputy Med. Exam. per D. D. Caples " (Degree or title) M. D. M. D.
ADDRESS Westminster, Md.
DATE SIGNED 7-16-'53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/18/53
NAME OF CEMETERY OR CREMATORY Greenmount Cem.
LOCATION (City, town, or county) Carroll Co. above Hampstead (State) Md.
DATE REC'D BY LOCAL REG. 7/17/53
REGISTRAR'S SIGNATURE A. W. Hedrich dmr.
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto. 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS - 15

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 4021 Roland Ave.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Joseph Hanson Tomlinson

4. DATE OF DEATH: (Month) (Day) (Year) July 8 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 19, 1857
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Tile Setter
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: David Bartine Tomlinson
14. MOTHER'S MAIDEN NAME: Elizabeth Wilson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unk -
17. INFORMANT & ADDRESS: Jos. H. Tomlinson, Jr. Sykesville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Immediate
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — More than 10 yrs.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 1952, to 7-8, 1953, that I last saw the deceased alive on ~~12-28~~ June, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Florian Nadvorski, M.D. ADDRESS Springfield State Hosp. DATE SIGNED Sykesville, Md 7/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-11-53
NAME OF CEMETERY OR CREMATORY St Mary's
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR July 9, 1953
REGISTRAR'S SIGNATURE C. Harry Weir
24. FUNERAL DIRECTOR Wm Cook, Inc. ADDRESS 1217 St Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]948

CERTIFICATE OF DEATH

Reg. Dist. No. 74...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE

LENGTH OF STAY (in this place): 38 yr. 10 mo. 17 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY HARFORD

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ABBINGTON

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
OLIVIA TREADWELL	July 20 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
FEMALE	WHITE	MARRIED	3-27-64	89 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11 BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Hartford Co, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
WILLIAM THOMPSON	SARAH MOFFITT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	—	none	HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

OC2X

Immediate cause (a) PULMONARY TUBERCULOSIS — Years

DUE TO

Antecedent causes (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CBS...with senile brain disease, with psychotic reaction

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 1, 1952, to July 20, 1953, that I last saw the deceased alive on July 19, 1953, and that death occurred at 8:40 a.m. DST, from the causes and on the date stated above.

SIGNATURE (Degree or title): Walther H. Sonnenfeldt, M. D. — ADDRESS: Springfield State Hospital, Sykesville, Md. — DATE SIGNED: 7-20-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/23/1953	St. Francis	Abingdon, Harford, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
July 25, 1953	C. Henry Lee	Howard K. Mc Comas & Son, Abingdon Md.

VS. A15

RECEIVED
JUL 27 1953
BUREAU V. S.

06949

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Finelaro
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finelaro RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Finelaro
STREET ADDRESS (If rural, give location) Finelaro RD

3. NAME OF DECEASED (Type or Print) (First) AMPHREY (Middle) C. (Last) WALKER
4. DATE OF DEATH (Month) July (Day) 23 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 2 1881
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Self employed
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Alexander Walker
14. MOTHER'S MAIDEN NAME Elizabeth Fritz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Raymond Walker Walkers. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	3 wks
Antecedent cause(s)	(b) Hypertension	3 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 9, 1952, to July 23, 1953, that I last saw the deceased alive on July 23, 1953, and that death occurred at 3.45 P. m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M.D ADDRESS Manchester Md DATE SIGNED 7/24/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 26 1953
NAME OF CEMETERY OR CREMATORY Black Rock
LOCATION (City, town, or county) Finelaro Carroll (State) Md

DATE REC'D BY LOCAL REG. July 24-53
REGISTRAR'S SIGNATURE Mrs. Lyle Denner
24. FUNERAL DIRECTOR H. C. Cleifle & Son ADDRESS Glen Rock Pa

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X

LENGTH OF STAY (in this place) Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SYKESVILLE

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) (Last) Warfield

4. DATE OF DEATH: (Month) (Day) (Year) July 27 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 3, 1873

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner Farming

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joshua Dorsey Warfield

14. MOTHER'S MAIDEN NAME: Elizabeth Polk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John D. Warfield, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 610X

		Interval Between Onset and Death
Immediate cause	(a) Uremia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Septic nephritis	6 mos
	DUE TO (c) Prostatic hypertrophy	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 27-53

19b. MAJOR FINDINGS OF OPERATION: Prostatectomy - benign

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) X

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X

(CITY OR TOWN) X (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) X M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from 6-1, 1952 to 7-27, 1953, that I last saw the deceased alive on 7-27, 1953, and that death occurred at 5:10 P m., from the causes and on the date stated above.

SIGNATURE W. C. Stone MD (DEGREE OR TITLE) ADDRESS Westminster DATE SIGNED 7-27-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7-29-53

NAME OF CEMETERY OR CREMATORY Springfield

LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REG. July 28, 1953

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Weer & Haight ADDRESS Sykesville

Luther H. Haight

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

951

CERTIFICATE OF DEATH

3C Reg. Dist. No. 7

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 17 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 40 N. Carolina Street

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) — (Last) WEINER
4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1953
5. SEX: fem.
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 2/18/72
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? Russia
13. FATHER'S NAME: Wolf Fischer
14. MOTHER'S MAIDEN NAME: Annie ? ?
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16 SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 X

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 8 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive cardiovascular disease — 17 years

DUE TO (c) Diabetes — 17 years and longer

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 17 years

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950, to July 12, 1953, that I last saw the deceased alive on July 11, 1953, and that death occurred at 9 05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gertrud Sonnenfeldt M.D. Springfield State Hospital Sykesville Md. 7/12/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 14/53
NAME OF CEMETERY OR CREMATORY Workmen Eval Cemetery
LOCATION (City, town, or county) (State) Balto Md
DATE REC'D BY LOCAL REGISTRAR 7/13/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Sol Levinson & Bros ADDRESS 1126 W North ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

052

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH: COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Westminster
LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glover's Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Westminster
STREET ADDRESS (If rural, give location): R. 6 Smallwood

3. NAME OF DECEASED (Type or Print): (First) Amanda (Middle) Miranda (Last) Williams

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 2, 1859

9. AGE last birthday: 94 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Burgess Williams

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Mrs. C.C.Eisberg R 6 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration — Interval Between Onset and Death: 3 mos

Antecedent cause (6) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Cerebral softening — 6 weeks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1953 to July 4, 1953 that I last saw the deceased alive on July 3, 1953, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE: R. Redelsheimer (Degree or title) M.D. ADDRESS: Westminster DATE SIGNED: 7/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 6, 1953 — NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery — LOCATION (City, town, or county) (State): Smallwood Md.

DATE REC'D BY LOCAL REG.: 7/6/53 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John R. Byers — ADDRESS: Westminster, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 953

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland
LENGTH OF STAY (in this place) 11yrs. 3mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural give location) 749 Bartlett Avenue

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) --- (Last) Williams

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1-24-1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Harrington
14. MOTHER'S MAIDEN NAME: Martha E. Dix

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No: Unk
17. INFORMANT & ADDRESS: Hospital records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 2 wks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Epilepsy — 20 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 4-22-, 1942, to 7-27-, 1953, that I last saw the deceased alive on 7-26-, 1953, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. (Degree or title) ADDRESS Springfield State Hospital, Sykesville, Md. DATE SIGNED 7-27-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-30-53
NAME OF CEMETERY OR CREMATORY Bethel
LOCATION (City, town, or county) (State) Alexander Va

DATE REC'D BY LOCAL REGISTRAR July 27, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Howard H. Stewart ADDRESS Balto Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

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JUL 29 1953
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0695571

CERTIFICATE OF DEATH

Reg. Dist. No. 71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Uniontown

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Alma	Blanche	Wilson	July	9,	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	August 7, 1891	61 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	Own home	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles H. Crabbs	Missouri Knipple

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no	none	Harry J. Wilson, Uniotown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 172X Carcinoma - Uterus

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6 May - 1953	Hysterectomy	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 6, 1953, to July 9, 1953, that I last saw the deceased alive on July 8, 1953, and that death occurred at 1 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. N Leggett — ADDRESS Union Bridge — DATE SIGNED 7-9-53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/11/53	Lutheran Cemetery	Uniontown, Carroll, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10, 53	Margaret K. Englar	C.O.Fuss & Son, Taneytown, Maryland	

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JUL 21 1953
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06954

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A6

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X
LENGTH OF STAY (in this place) since 9/19/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred'k.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market 10 X
STREET ADDRESS (If rural give location) ---

3. NAME OF DECEASED: (First) William (Middle) - (Last) WINDSOR

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/21/76

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Work -

11. BIRTHPLACE (State or foreign country): New Market, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: William R. Windsor

14. MOTHER'S MAIDEN NAME: Elizabeth R. Windsor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes mellitus — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome with senile brain disease with psychotic reaction — about 3 years

19a. DATE OF OPERATION: 0 ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) (COUNTY) (STATE) ---

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ---

INJURY OCCURED While at Work ☐ Not While At Work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Dec. 3, 1952 to July 14, 1953, that I last saw the deceased alive on July 14, 1953, and that death occurred at 9 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Florian Nadolski M.D. — ADDRESS Florian Nadolski, M.D Sykesville, Md. — DATE SIGNED July 14, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 18 1953 — NAME OF CEMETERY OR CREMATORY Woodlawn — LOCATION (City, town, or county) (State) Woodlawn Md.

DATE REC'D BY LOCAL REGISTRAR July 15, 1953 — REGISTRAR'S SIGNATURE C. Harvey Weer

24. FUNERAL DIRECTOR Roy W. Barber. Laytonsville Md. Or Francis H. Barber. — ADDRESS

RECEIVED
JUL 20 1953
BUREAU V. S.